## **DECLARATION AND POWER OF ATTORNEY** FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10015567 -1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

the specification of wh	ich is att	ached hereto III	aless th	e following box is	checked:		
( ) was filed on						ıl Ann	lication
Number		and was a	amende	d on	if an	nlicab	le).
hereby state that I h ncluding the claims, a disclose all information	s amend which is	ed by any ame material to pat	ndment	(s) referred to abo	ve. Lackn	owled	ge the duty
Foreign Application(s) and/or							
l hereby claim foreign priorit inventor(s) certificate listed l a filing date before that of th	pelow and	have also identified	below an	y foreign application fo	any foreign a r patent or inv	applicat ventor(s	ion(s) for patent s) certificate hav
COUNTRY		APPLICATION NUMB	ER	DATE FILED	PRIORITY C	LAIMED (	JNDER 35 U S C. 119
					YES	S:	NO:
					YES	S:	NO
Provisional Application							
Provisional Application I hereby claim the benefit unbelow:	nder Title (	35, United States C	ode Secti	on 119(e) of any Unite	ed States prov	usional	application(s) lis
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## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 10015567 -1

Full Name of # 2 joint inve	ntor: L. Chris Mann	Citizenship: US
Residence:	906 NW Raintree Drive Corvallis	OR 97330
Post Office Address:	Same as residence	
	mann	1/1//2
Inventor's Signature	VICEOUC	Date
Full Name of # 3 joint inve	entor: Joseph W. Tsang	Citizenship: US
Residence:	515 NW Elizabeth Drive Corvalli	is OR 97330
Post Office Address:	Same as residence	
Loseph	Jsy	Date /8, 2002
Inventor's Signature		Date //
Full Name of # 4 joint inve	entor:	Citizenship:
Residence:		
Post Office Address:		
######################################		
Inventor's Signature		Date
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Full Name of # 5 joint inve	entor:	Citizenship:
Residence:		
Post Office Address:		
Inventor's Signature		Date
and had		Date
Full Name of # G injut inv		Citizenship:
Full Name of # 6 joint inv	entor:	Oluzensiip.
Residence:		
Post Office Address:		
Inventor's Signature		Date
Full Name of # 7 joint inv	ventor:	Citizenship:
Residence:		
Post Office Address:		
Inventor's Signature		Date
Full Name of # 8 joint inv	ventor:	Citizenship:
Residence:		
Post Office Address:		
Inventor's Signature		
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